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Incidence of Poverty and Vulnerability to HIV/AIDS Attack in South Western Nigeria

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The paper concluded that there is a strong relationship between poverty among female adolescents and tendency to be vulnerable to HIV/AIDS attack.

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I. Introduction

Health is wealth and it is a trite fact that socio-economic development of any nation is a function of how healthy her population would be. Nigeria is presently facing a health crisis. This is so as there are social and cultural factors that contribute to the bane of the Nigerian health care system. Hitherto, infectious and parasitic diseases account for nearly 2/5 of deaths in Nigeria and these are preventable and curable Akinkugbe, (1996). Unfortunately Nigeria is now among the 24 poorest countries of the world with her low per capita income. She is now ranked one of the countries with the lowest level of child survival and one of the highest level of maternal mortality in the world Orubuloye and Ajakaiye, (2000).

Worse still, 3.47 million people are estimated to be living with HIV/AIDS with the highest concentration of those infected in the age bracket 15-49 (Federal Ministry of Health publication and the 2001 National HIV sentinel survey). The current prevalence rate of HIV infection in Nigeria among sexually active members of the population is said to be 5.8% and 4.3% in Osun State (FMOH 2005).

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II. Review of Literature and Conceptualisation

HIV infection is a slowly progressive killer disease and it is one of the greatest problems of late 20th century that has attracted the attention of health policy makers. The fatal devastating effect of this mysterious disease is felt in all countries of the world. There is hardly any community that is immuned or totally free from the killer disease. This makes it pandemic. The cure for HIV/AIDS has continued to defy scientific research as it is a mystery to health policy makers, medical scientists/professionals, health administrators and researchers. Two decades have rolled by when the first case was diagnosed in Nigeria in 1986 and yet no cure is in sight. Thus this study will identify the general causes of the attack of HIV/AIDS in the Southwestern Region of Nigeris; and establish any correllation between poverty as a variable and vulnerability to AIDS attack among the victims of AIDS.

The pandemic disease has not shown any signs of slowing down and the prevalence remains unacceptably high at 5.0% as reflected by 2003 adult prevalence survey, (Federal Ministry of Health Abuja).

Acquired immune Deficiency Syndrome (AIDS) is a disease of immune system that makes the individual highly vulnerable to life threatening infections and diseases. AIDS is said to be caused by retrovirus known in the medical field as the human immunodeficiency virus or HIV which attacks and impairs the body's natural defense system against diseases and infections. Thus HIV is a slow-acting virus that may take years to produce illness in a person. An HIV – infected person's defense system is impaired and consequently other viruses, bacteria, fungi and parasites take advantage of this opportunity to further weaken the body and cause various illnesses and conditions such as pneumonia, tuberculosis, cancer, oral thrush, diarrhea etc. Currently there is no cure for the disease.

III. Transmission

The disease is transmitted through three primary routes:

i. Having unprotected sex with a person already carrying the HIV virus.
ii. Transfusion of contaminated blood of HIV virus and its bye products or use of non-sterilised instruments

such as shared needles, razors and other surgical tools and

iii. From an infected mother to her child or mother-to-child transmission (MTCT), during pregnancy, childbirth or breastfeeding.

Ordinarily, in most of the developing world HIV is transmitted primarily through sexual intercourse with already infected person.

This study attempts to grope into the causal relationship between poverty level of individual and vulnerability to HIV and to this end, a review of literature on epidemiology is addressed to establish a non clinical factors that can cause individuals to be vulnerable to the attack of the infectious killer disease (HIV) and suggest health policy directions and measures to be taken by health public policy makers. While Nigeria has not suffered the same prevalence of HIV as countries in East and South Africa, the effects of the pandemic disease are no less devastating. According to the Federal Ministry of Health (FMOH, 2003), AIDS is one of the top leading causes of death in adults aged 15-49 years.

The results of the 2003 National Sero-prevalence sentinel survey recently released found the median prevalence rate to be about 5% lower than the 5.8% recorded three years previously. There are marked variations in the locations in which the sentinel survey was conducted with certain locations indicating explosive epidemics while others had lower prevalence. There is no exaggeration that no community is exempted as nearly all states now have general population prevalence of over 1%. Literature has revealed that, generally the highest prevalence was found in the age bracket 20-29 years. In Nigeria, going by zones, the highest prevalence was in the North Central Zone while the lowest was said to be in the South West Zone while HIV prevalence was higher in urban population than in the rural area, except in South East zone. Generally, rural prevalence was close to urban hence the need to target both populations equally.

Furthermore, Cross River State had the highest recorded prevalence of 12%, Benue State 9.3%, Federal Capital Territory 8.4% while the lowest prevalence was found to be in Osun State at 1.2%. It has been observed that 90-95% of HIV transmission in Nigeria is through unprotected sex, the 2003 sentinel survey uncovered a high HIV prevalence in women who had ever had a blood transfusion in the northern states Akinrinola et al, (2004). We will now examine basic clinical concept and management

IV. Basic Clinical Concept and Management

HIV is expanding rapidly and is depleting progressively the immune defense mechanism of those affected with the virus and according to (Gilks, etal 1998) elicits different responses among those infected depending on some factors which include the environment, nutritional status and even emotional characteristics of those infected.

On the clinical side, the word 'syndrome' has often been used to capture a collection of clinical signs and symptoms that are characteristically seen in an infection. All the disease entities or signs and symptoms that have been documented in HIV infection that ultimately leads to the syndrome called AIDS are endemic in human beings for centuries. Such symptoms include tuberculosis, loss of weight, fever, diarrhea, pneumonia, skin rashes, neurological problems and eye problem etc. However, there are "individual responses" to infections and situations in any given entity. Perhaps this is why (Soyinka, 2002) asserts that manifestation of AIDS may be different from individual to individual and from countries and continent.

Following infection, the natural history of HIV is of progressive immuno-suppression, with the infected individual passing through different stages of the disease. Thus

1) Those uninfected but at risk;
2) Asymptomatic HIV- Positive individuals;
3) Early HIV disease;
4) Late disease or AIDS and the terminal stage.

V. Caring for People Living with Hiv/Aids

Although preventing further spread of the disease is essential especially in controlling the AIDS epidemics, health workers and administrators must also care for more than 36 million people already infected with the virus. In the absence of cure or accessible treatment for now, providing care often means helping People Living with HIV/AIDS (PLWHA) to cope with the psychological, social and physical burden of a terminal outlook.

There is now a general recognition that comprehensive care should be provided through all stages of infection. This has become necessary in order to mitigate the impact of HIV/AIDS among People living with HIV/AIDS and according to (Wilkinson 2000), it is an essential component of prevention strategies against the disease. The importance of this care and support for PLWHA lies in encouraging people to come forward for voluntary counseling and testing and by doing so they can be educated on the disease transmission and how to protect their sexual partners.

There are models to the provision of care for PLWHA which could be in form of ambulatory care, hospitalized care, community care, the home-based care and the peer support group. We will briefly review one of them which is community – Home Based Care. In the words of Praag et al, (2001), CHBC is a care given to an individual in their own natural environment by their

families supported by skilled social welfare officers and communities to meet spiritual, material and psychosocial needs. The overall goal of CHBC programmes is to prevent HIV transmissions and to reduce the impact of HIV/AIDS in individuals, household and society at large. The objectives of CHBC are not only to reduce the congestion in health institutions, but also to ensure a high quality of medical, nursing and social support to every person care for at home.

So Home-based care is now broadly taken to mean any form of care given to the sick people in their own homes. Home care rooted in the community has proven more successful and more efficient than medical outreach programmes. Community volunteers are trained to offer counseling, basic nursing care and practical advice about nutrition, hygiene and preventive health care.

PLWHA need comprehensive care delivered across a continuum that extends from the home to the hospital and includes community organizations as well as the formal health care system. Furthermore, a referral system and consistent discharge planning links services together so that PLWHA can seek care at the most appropriate level and between levels of care Osborne, (1966).

Obviously, the burden of every day care falls on family members especially in the latter stages of HIV/AIDS. The family care givers face a list of tasks such as helping to feed, toilet, bathing the patient, cleaning and dressing sores and ulcers, administering medications and providing comfort and company. CHBC programme can give them training and psychological support they need to do these jobs well, including a thorough grounding in infection prevention or control. Helping families affected by AIDS to meet basic need for food, water and shelter can be as important as offering nursing care and counseling.

This brings us to the issue of poverty and vulnerability to HIV. This implies that if the above mentioned care could not be provided due to abject poverty of the family of People Living with HIV/AIDS, there may be tendency for the disease to spread through promiscuity and prostitution when the basic needs for sustenance cannot be provided. This leads us to the relationship between concept of poverty and HIV prevalency in Southwestern Nigeria.

VI. Concept of Poverty

Various literatures seem to have agreed that poverty is a form of deprivation and it thus exists when there is lack of means to satisfy critical needs. The concept may be absolute or relative. It is absolute if it expresses the inability of an individual or household to consume a certain minimum of basic needs for human survival while it is relative when compared with the welfare of those with the lowest means of survival in the society (Ogwumike 1996). In the words of Ali (1992), a family is said to be poor if it spends a very high percentage of its income on basic needs such as food, clothing, housing, health care and transport with very little left for a rainy day.

According to Kakwani and Pernia (2000), the poor have much lower well being than the non poor because they lack the resources to satisfy the minimum basic necessities of life. Furthermore, poverty is multi dimensional. Thus it could be physiological deprivation, social and human freedom deprivation. These three concepts derive from the attempt to determine how much poverty does exist. So, on the basis of some norm (poverty line) the number of the poor (incidence) will be the total population whose per capita household expenditure is below the line: the depth of a person's poverty is the average percentage by which his/her per capita expenditure falls below the poverty line.

In Nigeria, there is no officially proclaimed poverty line; the Federal Office of Statistics has therefore selected household per capita expenditure as a means of measuring poverty. The extreme poverty line is therefore one-third of mean per capita household expenditure. However, it should be noted that poverty is not the same as inequality. According to the World Bank in its World Development Report (1990), whereas inequality refers to relative living standard across the whole society and poverty is concerned with absolute standard of living of a part of society that is the poor. We will now consider the nexus between poverty and attack of HIV/AIDS.

VII. The Relationship Between Poverty and Hiv/Aids Attack

Arising from the interview of the purposive sample of 100 patients of People Living With HIV/AIDS in the South Western Nigeria, it was observed that one of the cardinal conditions stated by the respondents especially the young ones, is that they got infected through prostitution and promiscuous life. And when questioned further why they decided to live promiscuous life, they answered that their parents were poor and there was no means of livelihood for them hence they had to commercialise their sex.

Some of the respondents revealed that they were forced by their guardians to go into prostitution due to poor care. Not less than 70% of those interviewed affirmed that unemployment, poverty, inadequate care and child abuse could explain their present health predicament. In short, physical deprivation, meaning inadequate or complete absence of consumption of basic needs – food, clothing, housing, other social comfort, care, education and unemployment are immediate causes of poverty which forced them to go into illegal business of prostitution where they were consequently infected with HIV/AIDS.

Perhaps the above empirical findings lends credence to Nigerian Federal Government Policy on Poverty Alleviation and thus the policy becomes more relevant. In the course of this study it was revealed that the implementation of the policy seems to have suffered a set back due to poor funding

Due to macroeconomic policy distortions in the early 70s, the Nigerian economy despite its vast resources, has not attained the necessary institutional and structural changes that would guarantee rapid and sustainable growth and development, and acceptable minimum standard of living. Furthermore, the productive and technological bases which form the prime movers of activities are weak, narrow, inflexible and largely dependent on the external sector for sustenance. The economy is still monolithic, dependent mostly on oil with weak sectoral linkages and high vulnerability to externally generated shocks. The social and economic infrastructures are weak, inadequate and lack maintenance and the private sector is weak, shies away from productive investment and oriented towards distributive activities. The effectiveness of incentives to the private sector is generally poor while the productivity is low.

The above economic dislocations or rather distortions gave rise to unstable growth patterns and low social indicators which manifested in deplorable poverty situations. The collapse of crude oil prices in the international oil market in the early 1980s, coupled with unabating expansion in aggregate consumption demand plunged the Nigerian economy into crisis. Consequently, the economic and social activities as well as macroeconomic aggregates plummeted.

It is an issue of concern that despite concerted public sector efforts to redress the economic situation and reverse the trend through the revision of economic management strategies, these features prevailed up to the late 1990s. Arising from the fundamental defects of the economy, there was high level of unemployment, low capacity utilization and inadequate local and foreign direct investments. Other undesirable features that prevailed included defective or inappropriate technology and low social indicators particularly as related to education and health.

Arising from the above, Nigeria experienced worsening poverty situation in the 1980s and 1990s. The incidence of poverty rose from 46.3 percent of the population in 1985 to 65.6 percent in 1996. The depth and severity of poverty as well as income inequality also worsened during the period. The rural areas and vulnerable groups, especially women are affected most by the worsening situation. The uneducated people with large family size and those engaged in informal sector, particularly agriculture, were among the most affected. The Nigerian situation had been made worse by the rapid annual population growth rate of about 2.83 percent since the 1970s giving rise to a high dependency ratio and pressure on resources in several areas NARHS (2005).

In view of the above scenario, the policy on poverty alleviation becomes relevant. As earlier mentioned, poverty is complex and multidimensional. It is a dynamic process of socio-economic and political deprivation which affects individuals, households or communities resulting in lack of access to basic necessities of life. Conventionally, poverty is viewed in terms of insufficient income for securing the basic necessities of life, that is, food, clothing and shelter.

Specifically, poverty is a condition which has the following characteristics; that is, not having.

i. enough to eat
ii. poor drinking water
iii. poor nutrition
iv. unfit housing
v. a high rate of infant mortality,
vi. low life expectancy
vii. low educational opportunities,
viii. inadequate health care,
ix. lack of productive assets,
x. lack of economic infrastructure and
xi. inability to actively participate in decision making processes. The consequential effects of the above include
   a) state of powerlessness,
   b) helplessness.
   c) Despair, and thus the inability to protect oneself against economic, social, cultural and political discrimination and marginalization.
   d) Deprivation and lack of rights
   e) Defenselessness and insecurity, vulnerability to infection and exposure to risks, shocks and stress.

See table I below.

Table 1 : Incidence, Depth and Severity of Poverty.

Year	Poverty Level	Estimated Total Population	Population in Poverty
1980	27.2%	56m	17.7m
1985	46.3%	75m	34.7m
1992	42.7%	91.5m	39.3m
1996	65.6%	102.3m	47.1m

Source : Federal Office of Statistics, Poverty Profile for Nigeria: 1980 – 1996.

Perhaps the above situation compelled the Federal Government to formulate National Policy on Poverty Alleviation

VIII. Policy Direction

In Nigeria, poverty alleviation strategies have been seen as part of general government efforts directed at economic growth/development and have been pursued mainly through policies and programmes for achieving more equitable distribution of income. To this end, various policies and programmes have been designed for the poor or at least to reach them.

In the post-1986 period, programmes like National Directorate of Employment (NDE), Primary Health Care (PHC) etc were put in place. With the adoption of the Structural Adjustment Programme which was prompted by the worsening economic conditions in the country, palliative measures were adopted. New policies and programmes were initiated and the old ones which were on the verge of collapse were being reactivated. These programmes which were expected to impact positively on the poor did not achieve the set goals because they were not targeted to address poverty in the real sense of it.

Arising from the forgoing, there was need for overall policy to guide poverty alleviation efforts in Nigeria. Such National Policy is to sensitise and mobilize policy makers, the international community, Non-Governmental Organisations (NGOs) and the private sector. The National Poverty Alleviation Policy thus provides the framework for the actions of the various stakeholders. Thus:

i. Inspire, direct and coordinate the actions of institutions, individuals, groups and act as a driving force that propels the actions of stakeholders towards poverty alleviation;
ii. Sensitise and increase awareness on the poverty situation and the dangers of wide spread poverty on society;
iii. Mobilize all citizens in the fight against poverty; and
iv. Inform the nation of Government's position on poverty.

IX. Policy Statement

The government of Nigeria is fully aware of the dangers of the wide spread poverty and realizes the implications of the worsening poverty situation on the utilization of resources, growth and the development of the economy. The Government is fully aware of the symbiotic relationship between worsening poverty situation and slow overall development. Within the context of a well articulated policy framework, well coordinated institutional arrangement, effective monitoring and evaluation, the government, intends to achieve the following:

a) Good quality life;
b) Re addressing the situation of high incidence of poverty;
c) of absolute poverty;
d) Implementation of pro-poor economic growth patterns.
e) Efficient harnessing of the enormous human and natural resources of the country.

Apparently, the thrust of the poverty alleviation policy is to improve the living condition of the most vulnerable groups.

X. Policy Objectives

The overriding objective of the poverty alleviation policy derived from the government policy statement which, is to broaden the opportunities available to the poor and ensure that every Nigerian has access to basic needs of life, food, potable water, clothing, shelter, basic health services and nutrition, basic education and communication as well as guaranteed respect for fundamental human rights. The overall goal is improved living conditions for the poor in Nigeria.

In order to achieve the above set objectives the following sector specific objectives are being pursued:

(i) Good governance and stable macroeconomic policy.
(ii) Attainment of basic education for all, irrespective of location, sex, religion or tribe,
(iii) Facilitation of access to credit, and promote entrepreneurship through income generating activities, productive resources and employment opportunities for every Nigerian irrespective of sex, creed, location or tribe;
(iv) Improving the living conditions of the poor through targeted, cost effective, demand-driven and promptly delivered programmes,
(v) Increase the productivity of the poor both in the rural and urban settlement by providing opportunities for access to assets such as land and equipment.
(vi) Improve the participation of the poor in decision-making especially on issue affecting their lives, and also mobilize their talents for common development project for nation building.
(vii) Promote the development of better and more appropriate technologies information to farmers and other productive sectors, for adoption and commercialization.
(viii) Assist and enhance the capacity of the poor through self-help programme on sustainable basis. This could be done by strengthening local institutions to provide social-safety nets, which will rescue transient poverty emergencies at local level.

(ix) Improve the nutritional value of the poor through sustainable agricultural production for food security and better health care practices.
(x) Provide more participatory governance through a national institutional arrangement whereby each stakeholder, including government agencies and donors become proactive partners in the process of poverty reduction.
(xi) Evolve appropriate price mechanism for agricultural, industrial, commodities and services.

XI. Conclusion

What we have attempted in this short presentation is to examine the effect of poverty on the incidence of Acquired Immune Deficiency (HIV/AIDS) in South Western Nigeria.

In doing so, we went into review of literature on the concepts of poverty and HIV/AIDS. While the paper asserts that Acquired Immunodeficiency Syndrome is for now an incurable disease and it is a contemporary major global public health problem, poverty, on the other hand is defined as a dynamic process of socio-economic and political deprivation which affects individuals, households or communities resulting in lack of access to basic necessities of life. An exploratory study of Living Hope Care and Support Outfit, Ilesa, Osun State was carried out using purposive sampling technique (100 PLWHA) between incidence of HIV/AIDS and poverty.

Finally the paper considered the Federal Government National Policy on Poverty Alleviation. It concluded by recommending that since, there is yet to be discovered a cure for the HIV/AIDS patients, the poverty which forced the young ones to engage in prostitution and get infected by HIV should be seriously addressed with rigor and political will. The National Policy on Poverty Alleviation should be faithfully and religiously implemented as this will go a long way to curb further infection and reduce incidence of the incurableS disease which is ready to destroy entire humanity if care is not taken.

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